

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 0 0 — 0 0 4	2. STATE: HAWAII
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/00	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

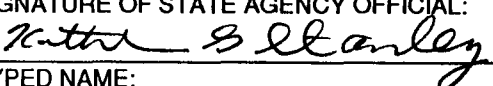
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(A) OF THE ACT	7. FEDERAL BUDGET IMPACT: a. FFY 00 \$ 809,392.00 b. FFY 01 \$ 833,904.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 2.2-A, PAGE 4a ATTACHMENT 2.2-A, PAGES 23b AND 23c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT PAGE 4a

10. SUBJECT OF AMENDMENT:
AVERAGE AND CONDITIONS OF ELIGIBILITY

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED AS APPROVED BY GOVERNOR
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION P. O. BOX 339 HONOLULU, HAWAII 96809-0339
13. TYPED NAME: SUSAN M. CHANDLER	
14. TITLE: DIRECTOR	
15. DATE SUBMITTED: 9/15/00	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: September 18, 2000	18. DATE APPROVED: November 8, 2000
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2000	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Linda Minamoto	22. TITLE: Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(1)(A)
(I)(IV) and
1902(l)(1)(A)
and (B) of the
Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(I)(IV) and 1092 (l)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

1902 (a)(10)(A)
(I)(VI)
1902(l)(l)(C)
of the Act

- a. who have attained 1 year of age but have not attained 6 year of age, with family incomes at or below 133 percent of the Federal poverty levels.

1902(a)(10)(A)
(VII) and 1902(l)
(l)(D) of the Act

- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

X Children born after December 31, 1981 (specify option earlier date) who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6-a.

TN No. 00-004

Supersedes

TN No. 92-15Approval Date: NOV 8 2000

Effective Date:

JUL 1 2000

State: _____

HAWAII

_____ The following reasonable classifications of children described above who are under age _____ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902(e)(12) of the Act

_____ 20.

A child under age _____ (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of _____ months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1902A of the Act

_____ 21.

Children under age 19 who are determined by a "qualified entity" (as defined in §1902(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 00-004

Supersedes

TN No. N/A

Approval Date:

NOV 8 2000

Effective Date:

JUL 1 2000